



COMMERCE AND INSURANCE
TENNESSEE COMMISSION ON FIRE FIGHTING
500 James Robertson Parkway, Suite 630
Nashville, TN 37243 – 615-741-6780

APPLICATION FOR RECIPROCITY

This form is to be used to request the Tennessee Commission on Fire Fighting Personnel Standards and Education to recognize a Certificate issued from either an IFSAC or NFSPQB accredited State **AFTER** said state received their accreditation from the national accreditation organization. Please submit a separate form for each level being requested.

All information requested must be provided. Any incomplete forms will be returned, which could result in a substantial delay in the recognition of your Certification by the State of Tennessee.

Date Received _____
Cert. Verified _____
Employment
Verified _____
Rec. # _____
Date Issued _____
Rejected Reason _____

In order to receive recognition, you must be a member of a fire department in the State of Tennessee.

YOU MUST PRINT OR TYPE

Level to Which You Are Seeking Recognition: _____

NAME: _____
FIRST MI LAST

ADDRESS: _____
STREET CITY STATE ZIP

DOB: _____ SS#: _____ TN Driver License # : _____

TN FIRE DEPT. WITH WHICH YOU ARE A MEMBER: _____

FIRE DEPT. YOU WERE WITH AT TIME OF CERTIFICATION: _____

AGENCY THAT ISSUED CERTIFICATION: _____

PLEASE SELECT FROM THE FOLLOWING:

_____ IFSAC SEAL # _____ Please attach copy of certificate.

_____ NFSPQB Copy of certificate **MUST** be attached.

Have you ever challenged a written or practical examination in the State of Tennessee for this level of certification?

PLEASE LIST YOUR PREVIOUS EMPLOYMENT HISTORY IN THE FIRE SERVICE. BE SURE TO INCLUDE SPECIFIC DUTIES. LETTERS MUST BE ATTACHED FROM ALL PREVIOUS FIRE DEPARTMENTS.

TO BE COMPLETED BY CHIEF OF CURRENT FIRE DEPARTMENT

CHIEF'S NAME: _____

DATE THIS APPLICANT BECAME MEMBER OF THIS DEPT: _____

WAS THIS APPLICANT'S FIRE SERVICE EXPERIENCE VERIFIED: _____ OR _____
Yes No

I certify to the Commission that this applicant is a member of this fire department. As Chief, I have granted approval for this applicant to receive reciprocity for this level of certification.

Signature of Chief Date

TO BE COMPLETED BY APPLICANT

I CERTIFY TO THE TENNESSEE COMMISSION ON FIRE FIGHTING PERSONNEL STANDARDS AND EDUCATION THAT ALL OF THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE THE TENNESSEE COMMISSION ON FIRE FIGHTING PERSONNEL STANDARDS AND EDUCATION TO VERIFY ANY AND ALL INFORMATION PROVIDED.

Signature of Applicant Date